Overview of Medicaid Home & Community Based Services Waivers Operated by DBHS/CSS & MH and KDOA Updated 10-26-11

WAIVER	AUTISM	DEVELOPMENTAL DISABILITY	PHYSICAL DISABILITY	TECHNOLOGY ASSISTED	TRAUMATIC BRAIN INJURY	FRAIL ELDERLY (operated by KS dept. on Aging)	SERIOUSLY EMOTIONALLY DISTURBED (SED)	COMMUNITY-BASED ALTERNATIVES TO PRTF
Institutional Equivalent	State Mental Health Hospital Services	Intermediate Care Facility for Persons with Mental Retardation	Nursing Facility	Acute Care Hospital	Head Injury Rehabilitation Facility	Nursing Facility	State Mental Health Hospital	Psychiatric Residential Treatment Facility (PRTF)
Eligibility	 Time of diagnosis through 5 years of age Diagnosis of an Autism Spectrum Disorder or PDD-NOS Meet functional eligibility Eligible for State Institutional 	 Individuals age 5 and up Meet definition of mental retardation or developmental disability Eligible for ICF/MR level of care 	 Individuals age 16-64* Determined disabled by SSA Need assistance with the activities of daily living. Eligible for nursing facility care *Those on the waiver at the time they turn 65 may choose to stay on the waiver 	 Children under age 22 Dependent upon intensive medical technology Medically fragile Requires the level of care provided in an acute hospital 	 Individuals age 16-65 Have traumatic, non-degenerative brain injury resulting in residual deficits and disabilities Eligible for in-patient care in a Head Injury Rehabilitation Hospital 	 Individuals age 65 or older Choose HCBS Functionally eligible for nursing care No waiver constraints 	➤ Children 4-18; under 4 /over 18 if age exception approved ➤ Choose HCBS ➤ Determined Seriously Emotionally Disturbed by CMHC ➤ Meet admission criteria for State Hospital	➤ Children 4-18; under 4 /over 18 if age exception approved ➤ Choose HCBS ➤ Meet admission criteria for PRTF through a screen by the CMHC ➤ Children/youth preparing to discharge from a PRTF are automatically eligible
Point of Entry	Preliminary Autism Application sent to the HCBS/Autism Program Manager	Community Developmental Disability Organization	Case management Entities	Case management Entities	Case management Entities	Case management Entities	CMHC Staff	CMHC Staff
Financial Eligibility Rules	 Only the individual's personal income & resources are considered Parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee Income over \$727 per month must be contributed towards the cost of care 	 Only the individual's personal income & resources are considered For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee Income over \$727 per month must be contributed towards the cost of care 	 Only the individual's personal income & resources are considered For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee Income over \$727 per month must be contributed towards the cost of care 	 Only the individual's personal income & resources are considered For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee Income over \$727 per month must be contributed towards the cost of care 	 Only the individual's personal income & resources are considered For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee Income over \$727 per month must be contributed towards the cost of care 	 Only the individual's personal income & resources are considered Income over \$727 per month must be contributed towards the cost of care 	 Only the individual's personal income & resources are considered For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee Income over \$727 per month must be contributed towards the cost of care 	 Only the individual's personal income & resources are considered For individuals under age 18, parent's income & resources are not counted Income over \$727 per month must be contributed towards the cost of care

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Services/ Supports Additional regular Medicaid services are provided	Consultative Clinical and Therapeutic Services (Autism Specialist) Interpersonal Communication Therapy Intensive Individual Supports Parent Support/and training Family Adjustment Counseling Respite Services *Functional Eligibility Specialist is a contracted services	 Assistive Services Day Services Financial Management Service Medical Alert Rental Personal Assistant Services Residential Supports Sleep Cycle Support Specialized Medical Care Supported Employment Supportive Home Care Wellness Monitoring 	 Assistive Services Financial Management Service Home delivered meals Medication reminder call Medication reminder dispenser Medication reminder dispenser install Personal Services- (agency or self- directed) Personal Emergency Response Personal Emergency Response Installation Sleep Cycle Support 	 Case Management Financial Management Service Health Maintenance Monitoring Home Modifications Intermittent Intensive Medical Care Services Long Term Community Care Attendant Medical Respite Specialized medical care (skilled nursing) 	 Assistive Services Financial Management Service Home delivered meals Medication reminder call Medication reminder dispenser Medication reminder dispenser install Personal Services (agency or self-directed) Personal Emergency Response Personal Emergency Response Installation Rehabilitation Therapies Sleep Cycle Support Transitional Living Skills 	 Adult Day Care Assistive Technology* Attendant Care Services Comprehensive Support* Financial Management Service Medication Reminder Nursing Evaluation Visit Oral Health* Personal Emergency Response Sleep Cycle Support* Wellness monitoring *denotes suspended service; must meet crisis exception 	➤ Wraparound Facilitation ➤ Independent Living / Skill Building Services ➤ Parent Support and Training ➤ Short Term Respite Care ➤ Professional Resource Family Care ➤ Attendant Care	➤ Wraparound Facilitation ➤Independent Living / Skill Building Services ➤ Parent Support and Training ➤ Short Term Respite Care ➤ Professional Resource Family Care ➤ Attendant Care ➤ Employment Preparation and Support ➤ Community Transition Supports
Average Monthly Number Persons Served FY 11	38	7728	6439	408	352	5823	3,985	165
FY 11 Expenditures (All funds)	\$776,971	\$319,851,455	\$134,768,083	\$27,157,697	\$13,865,016	\$76,650,412	\$49,834,123	\$3,496,943
Estimated Average Waiver expenditure Mo/year	\$1,704/\$20,448	\$3,449 / \$41,388	\$1,744 / \$20,928	\$5,547/\$66,564	\$3,282 / \$39,384	\$ 1,096 / \$13,163	\$ 1,121/ \$9,166	\$ 1,170/ \$7,720
Institutional Setting Total Cost /Annually Per Person	Warran I Day	Private ICF/MR \$13,512,737 / \$82,900 Public ICF/MR (combined)* \$54,388,134 / \$160,437	Nursing Facilities \$413,101,187 / \$41,568	DDTE CDA in 1	Head Injury Rehab Facility \$8,954,108 / \$21,946 all Mental Health Services (wai	Nursing Facilities \$413,101,187 / \$41,568	\$32,691	\$28,580

Data from IBARS (Kansas Internet Budget and Reporting System) Note: Data for the SED waiver and PRTF CBA include all Mental Health Services (waiver and non waiver services) paid through the Managed Care Entity, Kansas Health Solutions. Data for the Institutional equivalent setting for the SED waiver and the PRTF CBA are from the most recent Federal Cost Neutrality Demonstration reports.